

UNITED STATES BANKRUPTCY COURT		INVOLUNTARY PETITION
_____ District of _____		
IN RE (Name of Debtor – If Individual: Last, First, Middle)		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Bergen County		ZIP CODE 07430
ZIP CODE		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other
VENUE		FILING FEE (Check one box) <input type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY
1. <input type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____	6/18/2010
Signature of Petitioner or Representative (State title) General Plumbing Supply, Inc.	Date Signed 6/18/2010
Name of Petitioner General Plumbing Supply, Inc.	Date Signed 980 New Durham Road
Name & Mailing Address of Individual Signing in Representative Capacity	Edison, NJ 08817

x _____	6/18/2010
Signature of Attorney Bruce H. Levitt, Esq.	Date
Name of Attorney Firm (If any) Bruce H. Levitt, P.C.	
Address 76 South Orange Avenue, Suite 305, South Orange, NJ 07079	
Telephone No. 973-313-1200	

x /s/ Barry Portnoy, President	6/18/2010
Signature of Petitioner or Representative (State title) Aaron & Company	Date Signed 6/18/2010
Name of Petitioner Aaron & Company	Date Signed P.O. Box 8310
Name & Mailing Address of Individual Signing in Representative Capacity	Piscataway, NJ 08855

x /s/ Bruce H. Levitt, Esq.	6/18/2010
Signature of Attorney Bruce H. Levitt, Esq.	Date
Name of Attorney Firm (If any) Bruce H. Levitt, P.C.	
Address 76 South Orange Avenue, Suite 305, South Orange, NJ 07079	
Telephone No. 973-313-1200	

x /s/ Laura M. Fyfe, Officer	6/18/2010
Signature of Petitioner or Representative (State title) Birdsall	Date Signed 6/18/2010
Name of Petitioner Birdsall	Date Signed 1819 W. Elizabeth Avenue
Name & Mailing Address of Individual Signing in Representative Capacity	Linden, NJ 07035

x /s/ Bruce H. Levitt, Esq.	6/18/2010
Signature of Attorney Bruce H. Levitt, Esq.	Date
Name of Attorney Firm (If any) Bruce H. Levitt, P.C.	
Address 76 South Orange Avenue, Suite 305, South Orange, NJ 07079	
Telephone No. 973-313-1200	

PETITIONING CREDITORS

Name and Address of Petitioner General Plumbing Supply, Inc., 980 Durham Road, Edison, NJ 08817	Nature of Claim Book Account	Amount of Claim \$27,791.80
Name and Address of Petitioner Aaron & Company, P.O. Box 8310, Piscataway, NJ 08855	Nature of Claim Book Account	Amount of Claim \$51,256.96
Name and Address of Petitioner Birdsall, 1819 W. Elizabeth Avenue, Linden, NJ 07035	Nature of Claim Book Account	Amount of Claim \$14,450.02
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

_____ continuation sheets attached